

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/914804</div>		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1									
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TOTAL IND.		↓	3	↓		↓		↓		↓
TOTAL DEP.		↓	17	↓		↓		↓		↓
TOTAL CLAIMS			20							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS